SEC 1972 Potential persons who are to respond to the collection of information contained in (6/99)this form are not required to respond unless the form displays a currently valid OMB control number. ATTENTION ilure to file notice in the appropriate states will not result in a loss of federal exemption. Conversely, failure to file the appropriate federal 02039564 motice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice. **UNITED STATES** OMB APPROVAL SECURITIES AND EXCHANGE COMMÍSSIO OMB Number: 3235-0076 Washington, D.C. 20549 Expires: May 31, 2002 Estimated average burden FORM D hours per response...1 NOTICE OF SALE OF SECURITIES SEC USE ONLY PURSUANT TO REGULATION D, Prefix Sekial **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION EXCHANGE OFFER THOMSON Name of Offering (check if this is an amendment and name has changed, and indicate change.) FINANCIAL Filing Under (Check box(es) that [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE apply): Type of Filing: [] New Filing [] Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indiciate change.) GLOBAL BUSINESS SERVICES, INC. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 287 S. ROBERTSON BOULEVARD BEVERLY HILLS, GA 90211 310-289-4585



Telephone Number

HOLDING COMPANY

(Including Area Code)

(if different from Executive Offices)

Brief Description of Business

Address of Principal Business Operations (Number and Street, City, State, Zip Code)

Type of Business Organiz [★] corporation	[] limited partnership, already formed [] other (please specify):				
[] business trust	[] limited partnership, to be formed				
Control of the Contro	Month Year				
	f Incorporation or Organization: [6]3] [9]4] [Actual [] Estimated or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [6] [6]				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Apply:	[] Promoter [X] Beneficial Owner Sでみとい H ・	[★ Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)	A	
213 S. Roe	exton Blud. Bev	erly Hills	CA 90211
Business or Residence	e Address (Number and Street	, City, State, Zip Co	ode)
Apply:	[] Promoter [X] Beneficial Owner ALL FUNDING、INC.	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
213 S. Ros	BERTSON BLVD. BE	verly HILLS	CA 90211
Business or Residence	e Address (Number and Street	, City, State, Zip Co	ode)
Check Box(es) that Apply: Horn, SE	[] Promoter [] Beneficial Owner TH		[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
213 5. Ro	BERTSON BLVD.	BEVERLY Fliv	LS CA 96211
Business or Residence	e Address (Number and Street	, City, State, Zip Co	ode)
Check Box(es) that Apply: MARLOWE,	[] Promoter [] Beneficial Owner	[] Executive Officer	M Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)	BEVERLY HI	LLS C# 90211
Business or Residence	e Address (Number and Street	, City, State, Zip Co	ode)
Apply:	[] Promoter [] Beneficial Owner Z, HARVEY	[] Executive Officer	
Full Name (Last name		BEVERLY H	1215 CA 90211
Business or Residence	e Address (Number and Street	, City, State, Zip Co	ode)
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
Business or Residence	e Address (Number and Street	, City, State, Zip Co	ode)
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		

Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) **B. INFORMATION ABOUT OFFERING** 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this Yes No offering?..... Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?..... Yes 3. Does the offering permit joint ownership of a single unit?..... [*] - } 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)] All States [AL] [AK] [AZ] [AR] [CA] [CO] [DE] [DC] [FL] [GA] [HI] [CT] [IL] [IN] [Al] [KS] [KY] [ME] [MD] [MA] (MI) [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TX] [UT] [VT] [WA] [WV] [PR] [TN] [VA] [WI] [WY] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) 1 1 All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DC] [FL] [GA] [HI] [ID] [DE] [IL] [IN] [Al] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [MM] [NY] [NC] [ND] [PA] IHOI [OK] [OR] [RI] ITV WVI [PR] [SC] [SD] ITNI ITXI [UT] [VA] [WA] [WI] [WY] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Investors	of Purchases
Accredited Investors	• •	\$
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		*
Answer also in Appendix, Column 4, if filing under ULOE.		

3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u>, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Aggregate

ITEM C.1.

The securities offered consist of (a) approximately 3,170,000 shares of common stock; (b) approximately 3,170,000 shares of Class A Convertible Voting Preferred Stock; and (c) approximately 3,170,000 shares of Class B Convertible Voting Preferred Stock.

Type of offering	Type of Security Sold
Rule 505	<u> </u>
Regulation A	
Rule 504	<u> </u>
Total	<u> </u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	
Transfer Agent's Fees	[1s <u>3600</u>
Printing and Engraving Costs	[1\$ 1000
Legal Fees	
Accounting Fees	
Engineering Fees	• • • • • • • • • • • • • • • • • • • •
Sales Commissions (specify finders' fees separately)	
Other Expenses (identify) MALLING EXPENSES	
Total	Man and
5. Indicate below the amount of the adjusted gross proceeds to the issue proposed to be used for each of the purposes shown. If the amount for a purpose is not known, furnish an estimate and check the box to the left of estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b about the payments is the payments in the payments is the payments of the payments of the payments of the payments is the payments of the payments	iny of the
	Directors, & To Affiliates Others
Salaries and fees	[] []
Purchase of real estate	\$\$ []
Purchase, rental or leasing and installation of machinery and equipment	[] \$\$
Construction or leasing of plant buildings and facilities	[] [] \$ \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] [] \$\$
Repayment of indebtedness	[] \$\$
Working capital	[] []
Other (specify):	
	[] [] \$ \$

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4 mm

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Column Totals	••••	[] \$\$			
Total Payments Listed (column totals added) [] \$					
D. FEDE	RAL SIGNATURE				
The issuer has duly caused this notice to be signe- filed under Rule 505, the following signature const Securities and Exchange Commission, upon writte to any non-accredited investor pursuant to paragra	itutes an undertaking by the issuen request of its staff, the information	er to furnish to the U.S.			
Issuer (Print or Type)	Signature	Date 5/14/02			
GLOBAL BUSINESS SERVICES, INC.	MININ				
Name of Signer (Print or Type)		Title of Signer (Print or Type)			
SETH HORN	SECRETARY TREASURER				
A	TTENTION				
Intentional misstatements or omissions o	f fact constitute federal crimin .S.C. 1001.)	al violations. (See 18			
F STAT	TE SIGNATURE				

- See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

provisions of such

Yes No

[][]